

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Collins John J.

1. Office, Agency, or Court

Agency Name

City of Fountain Valley

Division, Board, Department, District, if applicable

Your Position

City Council, Housing Authority, Successor Agency

Council Member/Member

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☒ City of Fountain Valley

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

I certify under penalty of perjury under the laws of the State

Date Signed February 28, 2013
(month, day, year)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>John Collins</u>
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NAME OF SOURCE (Not an Acronym)
Fountain Valley Chamber of Commerce
 ADDRESS (Business Address Acceptable)
10055 Slater Ave Ste 250, Fountain Valley, CA 92708
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/27/2012	\$ 160.-	2 Mayors Ball Tickets
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)
YAKUIT USA Inc
 ADDRESS (Business Address Acceptable)
3625 Del Amo Blvd. Ste 260
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
TORRANCE, Ca 90503

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/27/12	\$ 130.-	GIFT BASKET
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____